

## STATE OF NEW HAMPSHIRE DEPARTMENT OF AGRICULTURE, MARKETS & FOOD DIVISION OF ANIMAL INDUSTRY 603-271-2404



## **Application for Commercial Kennel License**

	the provisions of RSA 437, for		_
	ch premise. (Fiscal Year July 1,license after January 1, and before Ju		
Name of Commercial Kennel:			
		NH	
Street or P.O. Box	City/Town	<del></del> '	Zip
Telephone:	Store hours:		
Is commercial kennel operated in No	n the home? Yes No Are you zo	oned for this bus	siness? Yes
Have you held a kennel license i	n another state? YesNoIf	Yes, list the star	te(s):
	tion brought against you as a pet ow	, ,	
Submitted By:			
	Individual, firm or Corporate Name		
Street or P.O. Box	City	State	Zip
Signature of Owner or Authorized (Please also print name if signature is illegible)	d Agent:		
Make checks payable to:	Treasurer, State of New Hamp <i>Application fee is non-refund</i>		
Mail application and fee to:	Division of Animal Industry P.O. Box 2042 Concord, NH 03302-2042		